FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

For An Authorized Committee			Office Use Only	
1. NAME OF COMMITTEE (in full) USE FEC MA OR TYPE OF	AILING LABEL Example:If typin over the lines	j, type		
Candice Miller for Congress				
ADDRESS (number and street) PO Box 1	82152			
Check if different				
than previously reported. (ACC)	ownship	<u>MI</u>	48318	
2. FEC IDENTIFICATION NUMBER \(\psi\)	CITY 🛋	STATE	ZIP CODE ▲ STATE ▼ DISTRICT	
C00365593	3. IS THIS NI REPORT (N		ENDED MI 10	
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1)	(b) 12-Day PRE -Election Re Primary (1	2P) Gener	ral (12G) Runoff (12R)	
X July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3)	Election on		in the State of	
January 31 Year-End Report (YE	(c) 30-Day POST -Election F	eport for the:		
	General (3	0G) Runof	f (30R) Special (30S)	
Termination Report (TER)	Election on		in the State of	
5. Covering Period 0 4 0 1	2 0 0 7 through	06 30	2007	
I certify that I have examined this Report and to to Type or Print Name of Treasurer Rob	he best of my knowledge and belief it ert D. Leslie	is true, correct and comple	ete.	
Signature of Treasurer Electronically Filed by	Robert D. Leslie	Date 0	9 13 2007	
NOTE : Submission of false, erroneous, or incor	nplete information may subject the pe	rson signing this Report to	the penalties of 2 U.S.C 437g.	
Office Use Only			FEC FORM 3 (Revised 02/2003)	